



JOHN W. HICKENLOOPER
Mayor

CITY AND COUNTY OF DENVER

DEPARTMENT OF ENVIRONMENTAL HEALTH
Nancy J. Severson, Manager

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www.denvergov.org/health-environment

July 18, 2006

Olive Hofstader
8TMS-G
U.S. Environmental Protection Agency
999 18th Street
Denver, CO 80202

Re: VB/I-70 Superfund Site Phase II Community Health Plan—Agreement Amendment

Dear Ms. Hofstader:

Enclosed please find completed forms SF 424 and SF 424a for the agreed upon EPA grant to the Department of Environmental Health (DEH) to enable a third year of the community health program (CHP) for the VB/I-70 Superfund Site.

This amendment, in the amount of \$337,835, will fund the third year activities of the three-year VB/I-70 Community Health Program, as detailed in the enclosed scope of work. These activities are a continuation of select portions of the 2004 VB/I-70 CHP Phase II cooperative agreement between the EPA and DEH and its first amendment. This amendment and the third program year will terminate on October 31, 2007. Corollary interagency partner responsibilities are outlined in the VB/I-70 Memorandum of Agreement, as referenced in the original CA.

As soon as we receive EPA's grant offer we will initiate the City's approval process. Our grant acceptance rules may require us to arrange for grant funding in annual amounts or call for some restatement of activity for better clarity. We will contact you if necessary.

Please contact Celia VanDerLoop if you have questions. Our staff looks forward to working with all the project participants on this important endeavor. Thank you for supporting our efforts to protect public health.

Sincerely,

A handwritten signature in dark ink, appearing to read "Nancy J. Severson", with a long horizontal flourish extending to the right.

Nancy J. Severson
Manager

cc: Victor Ketellapper – EPA Region XIII

Community Health Program for VB/I-70 Superfund Site

Cooperative Agreement Amendment Number 2

This amendment to the Vasquez Boulevard and Interstate 70 (VB/I-70) Superfund Site cooperative agreement between the Denver Department of Environmental Health and the U.S. Environmental Protection Agency (EPA) provides for the third year of the three year VB/I-70 Community Health Program (CHP). These funds provide for the scope of work outlined below, which is a continuation of select portions of the tasks outlined in the cooperative agreement dated November 4, 2004 and the first amendment dated October 11, 2005.

October 2006 – October 2007 VB/I-70 Community Health Program Task Outline

1. Residential canvassing (door-to-door) and outreach to provide lead poisoning prevention education supplemented by timely material on community relevant issues
2. Neighborhood outreach at events and meetings (as requested by community)
3. Real estate outreach (VB/I-70 listing agents only) via continued mailing of lead-related outreach material
4. Contractor outreach (VB/I-70 residents) covering lead-safe workpractices and environmental health and safety outreach through events, workshops and table displays to day laborers and informal sector employees (audience access via canvassing and community contacts); workshop training contracted to Northeast Denver Housing Center
5. Evaluation of canvassing impact to gauge degree of behavior change related to increased lead poisoning prevention knowledge
6. Special Projects (time permitting) to include new mother outreach and parent-developed lead poisoning prevention education material
7. Medical provider education to VB/I-70 area clinics, DHHA providers, and VB/I-70 providers
8. Basic program summary reporting for biomonitoring and canvassing; lead data and mapping support contracted to Denver Health and Hospital Authority (DHHA)
9. Interior lead-based paint mini-investigations (limited number); tasks contracted to Northeast Denver Housing Center
10. Monthly community meetings

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

| | | | |
|--|--|------------------------------------|------------------------------|
| 1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction | | 2. DATE SUBMITTED July 18, 2006 | Applicant Identifier |
| Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction | | 3. DATE RECEIVED BY STATE | State Application Identifier |
| | | 4. DATE RECEIVED BY FEDERAL AGENCY | Federal Identifier |

| | | | |
|---|---------------------|--|---|
| 5. APPLICANT INFORMATION | | Organizational Unit: | |
| Legal Name: | | Department: | |
| City and County of Denver | | Environmental Health | |
| Organizational DUNS: 14-545-4687 | | Division: Environmental Quality | |
| Address: | | Name and telephone number of person to be contacted on matters involving this application (give area code) | |
| Street: 201 W. Colfax Avenue, Dept. 1009 | | Prefix: Ms. | First Name: Celia |
| City: Denver | | Middle Name | |
| County: Denver | | Last Name VanDerLoop | |
| State: Colorado | Zip Code 80202 | Suffix: | |
| Country: USA | | Email: celia.vanderloop@ci.denver.co.us | |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 84-6000580 | | Phone Number (give area code) 720-865-5452 | Fax Number (give area code) 720-865-5534 |
| 8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> | | 7. TYPE OF APPLICANT: (See back of form for Application Types) County/Municipal Government Other (specify) | |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-802 | | 9. NAME OF FEDERAL AGENCY: Environmental Protection Agency | |
| 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City and County of Denver | | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: VB/I-70 Superfund Site Community Health Plan - Phase II, Year 3 | |
| 13. PROPOSED PROJECT Start Date: October 1, 2006 Ending Date: October 31, 2007 | | 14. CONGRESSIONAL DISTRICTS OF: a. Applicant Colorado 1 b. Project Colorado 1 | |
| 15. ESTIMATED FUNDING: | | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? | |
| a. Federal | \$ 337,835.00 | a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON | |
| b. Applicant | \$.00 | DATE: | |
| c. State | \$.00 | b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 | |
| d. Local | \$.00 | <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW | |
| e. Other | \$.00 | 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? | |
| f. Program Income | \$.00 | <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No | |
| g. TOTAL | \$ 337,835.00 | | |
| 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. | | | |
| a. Authorized Representative | | | |
| Prefix Ms | First Name Nancy | Middle Name | |
| Last Name Severson | | Suffix | |
| b. Title Manager, Department of Environmental Health, City and County of Denver | | c. Telephone Number (give area code) 720-865-5483 | |
| d. Signature of Authorized Representative <i>Nancy J. Severson</i> | | e. Date Signed 7/18/06 | |

BUDGET INFORMATION - Non-Construction Programs

OMB Approval No. 0348-0044

SECTION A - BUDGET SUMMARY

| Grant Program Function or Activity (a) | Catalog of Federal Domestic Assistance Number (b) | Estimated Unobligated Funds | | New or Revised Budget | | |
|---|--|-----------------------------|--------------------|-----------------------|--------------------|---------------|
| | | Federal (c) | Non-Federal (d) | Federal (e) | Non-Federal (f) | Total (g) |
| 1. | | \$ | \$ | 337,835.00 | \$ | 337,835.00 |
| 2. | | | | | | 0.00 |
| 3. | | | | | | 0.00 |
| 4. | | | | | | 0.00 |
| 5. Totals | | \$ 0.00 | \$ 0.00 | \$ 337,835.00 | \$ 0.00 | \$ 337,835.00 |

SECTION B - BUDGET CATEGORIES

| 6. Object Class Categories | GRANT PROGRAM, FUNCTION OR ACTIVITY | | | | Total (5) |
|--|-------------------------------------|---------|---------------|---------|---------------|
| | (1) | (2) | (3) | (4) | |
| a. Personnel | \$ | \$ | 141,156.00 | \$ | \$ 141,156.00 |
| b. Fringe Benefits | | | 32,466.00 | | 32,466.00 |
| c. Travel | | | 6,200.00 | | 6,200.00 |
| d. Equipment | | | 0.00 | | 0.00 |
| e. Supplies | | | 42,380.00 | | 42,380.00 |
| f. Contractual | | | 92,010.00 | | 92,010.00 |
| g. Construction | | | 0.00 | | 0.00 |
| h. Other | | | 0.00 | | 0.00 |
| i. Total Direct Charges (sum of 6a-6h) | 0.00 | 0.00 | 314,212.00 | 0.00 | 314,212.00 |
| j. Indirect Charges | | | 23,623.00 | | 23,623.00 |
| k. TOTALS (sum of 6i and 6j) | \$ 0.00 | \$ 0.00 | \$ 337,835.00 | \$ 0.00 | \$ 337,835.00 |
| | | | | | |
| 7. Program Income | \$ | \$ | \$ | \$ | \$ 0.00 |

Authorized for Local Reproduction

Standard Form 424A (Rev. 7-97)
Prescribed by OMB Circular A-102

SECTION C - NON-FEDERAL RESOURCES

| (a) Grant Program | (b) Applicant | (c) State | (d) Other Sources | (e) TOTALS |
|-------------------------------|---------------|-----------|-------------------|------------|
| 8. | \$ | \$ | \$ | \$ 0.00 |
| 9. | | | | 0.00 |
| 10. | | | | 0.00 |
| 11. | | | | 0.00 |
| 12. TOTAL (sum of lines 8-11) | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |

SECTION D - FORECASTED CASH NEEDS

| | Total for 1st Year | 1st Quarter | 2nd Quarter | 3rd Quarter | 4th Quarter |
|------------------------------------|--------------------|-------------|-------------|-------------|-------------|
| 13. Federal | \$ 0.00 | \$ | \$ | \$ | \$ |
| 14. Non-Federal | 0.00 | | | | |
| 15. TOTAL (sum of lines 13 and 14) | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT

| (a) Grant Program | FUTURE FUNDING PERIODS (Years) | | | |
|--------------------------------|--------------------------------|------------|-----------|------------|
| | (b) First | (c) Second | (d) Third | (e) Fourth |
| 16. | \$ | \$ | \$ | \$ |
| 17. | | | | |
| 18. | | | | |
| 19. | | | | |
| 20. TOTAL (sum of lines 16-19) | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |

SECTION F - OTHER BUDGET INFORMATION

| | |
|---------------------|-----------------------|
| 21. Direct Charges: | 22. Indirect Charges: |
| 23. Remarks: | |

OBJECT CLASS CATEGORIES DETAIL BREAKDOWN

[Note: Please indicate any pre-award costs with a star (*)]

[Federal share plus **Match share]

a. PERSONNEL

| Position - Recipient Staff Only | Estimated Hour (FTEs) | Salary (Annual Rate) | Amount |
|---------------------------------|-----------------------|----------------------|------------------|
| VB/I-70 CHP Administrator | .48 | \$55,871 | \$26,818 |
| VB/I-70 CHP Coordinator | .57 | \$46,869 | \$26,715 |
| Agency Support Technician | 1.0 | \$37,440 | \$37,440 |
| IT Developer | .10 | \$56,689 | \$5,669 |
| Intern - general | 1.0 | \$33,280 | \$33,280 |
| Administrative Assistants | 0.25 | \$44,937 | \$11,234 |
| Total Personnel Cost | | | \$141,156 |

b. Fringe Benefits

| | |
|-----------------------------------|-----------------|
| Base | \$141,156 |
| Rate | X 0.23 |
| Total Fringe Benefits Cost | \$32,466 |

c. Travel In-State

| Purpose | Destination | No. Days | No. Staff | Miles | Rate | Cost |
|---------|-------------|----------|-----------|-------|------|------|
| n/a | | | | | | 0.00 |

Out-State

| Purpose | Destination | No. Staff | No. Days | Per Diem | Lodging | Cost |
|--------------------------|--------------|-----------|----------|----------|---------|----------------|
| Attend 2006 APHA | Boston | 2 | 4 | | | \$3,200 |
| NYCOSH review visit | New York, NY | 2 | 4 | | | \$3,000 |
| Total Travel Cost | | | | | | \$6,200 |

Revised: 11/04

d. Capital Equipment (Cost of \$5,000 or more, useful life of 1 year or more)

| Item – Purchase | Number | Cost Per Unit | Total |
|-----------------------------|--------|---------------|-------------|
| n/a | | | 0.00 |
| Item – Lease | | | |
| n/a | | | 0.00 |
| Total Equipment Cost | | | 0.00 |

e. Supplies

| List supplies by groups (Office, Laboratory, etc.) | Cost |
|---|-----------------|
| Training Fees | \$9,815 |
| Training Supplies, Safety Supplies, Field Supplies | \$8,465 |
| Printing and Mailing | \$11,600 |
| Office Supplies | \$6000 |
| Special Project Supplies | \$6,500 |
| Total Supplies Cost | \$42,380 |

f. Contractual

| List each planned contract or type of service to be procured. | Cost | | |
|---|---------------|------------|-----------------|
| Qwest | \$1300 | | |
| Nextel | \$2400 | | |
| Community Small Grants and Community Funds | \$2750 | | |
| Consultants | Hourly Rate | Daily Rate | |
| Community Health Worker | 16.00 | | \$54,360 |
| Community Health Worker – construction | 15.00 | | \$31,200 |
| f. Total Contractual Cost | | | \$92,010 |

g. Other (Operating)

| Items | Cost |
|-------|------|
| n/a | 0.00 |

g. Other – In-Kind Sample

| | | | | |
|----------------------|--------------------------|---------------------------|-----------------------|----------------|
| Volunteers | \$12 hr. Engineer | \$12/hr. @\$120 | BIA | \$1,440 |
| Donated Space | \$550/mon | 12 mons @\$550/mon | Owned by Tribe | \$6,660 |

| Item/Service | Market Value | Use Calculations | Source | Total |
|----------------------|--------------|------------------|--------|-------|
| n/a | | | | 0.00 |
| Total In-Kind | | | | 0.00 |
| Total Other | | | | 0.00 |

| | |
|---|------------------|
| h. Total Direct Cost (a through g) (Include Match Funds) | \$314,212 |
| i. Indirect Cost: (Rate: 0.075 %) | \$23,623 |
| j. Total Proposed Costs: | \$337,835 |
| Federal Percentage: 100 % Recipient Percentage: % | |